



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

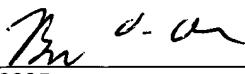
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/613,911
	Filing Date	July 5, 2003
	First Named Inventor	Alexander Medvinsky
	Group Art Unit	2136
	Examiner Name	Hoffman, Brandon S.
Total Number of Pages in this Submission		
	Attorney Docket Number	D03041

ENCLOSURES

(check all that apply)

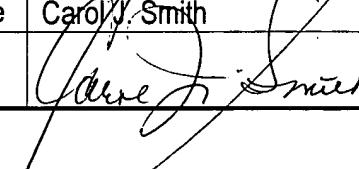
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Prior to Additional Examination <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input checked="" type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <hr/> <hr/>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Benjamin D. Driscoll	Registration No.	41,571
Signature			
Date	September 26, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name	Carol J. Smith	Date
Signature		September 26, 2005



Effective on 12/08/2004

Applicant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEES TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 910)

Complete if Known	
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES

SEARCH FEES

EXAMINATION FEES

Application Type	Fee (\$)	Fee (\$)	Small Entity	Fee (\$)	Fee (\$)	Small Entity	Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

Fee (\$)

200 100

Multiple dependent claims

Fee (\$)

Fee (\$)

360 180

Total Claims

- 20 or HP= x = Fee Paid (\$)

Multiple Dependent Claims

HP=highest number of total claims paid for, if greater than 20

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)